Australian mental health nurses and transgender clients: Attitudes and knowledge

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Abstract

As increasing numbers of transgender people access mental health services, so comes with this the requirement that mental health professionals are capable of providing inclusive and informed care. In Australia, mental health nurses play a key role in the mental health workforce, and are increasingly likely to engage with transgender people across a range of practice contexts. The research reported in this paper sought to explore the experience, knowledge, and attitudes of a sample of Australian mental health nurses in regards to working with transgender people. A total of 96 mental health nurses completed a survey that included an attitudinal measure and a measure of clinical knowledge. Findings indicate that a majority of the sample had worked with a transgender client before, but only a minority had undertaken training in working with transgender clients. Training was related to more positive attitudes, and both training and experience were related to greater clinical knowledge. Female and/or older participants had greater clinical knowledge, whilst more religious participants had less positive attitudes. The paper concludes by commenting on the dearth of competency and practice documents specific to mental health nurses working with transgender people, and outlines the Australian standards that would mandate their development.

Keywords: transgender, attitudes, competencies, knowledge, mental health, nurses

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Introduction

Mental health nurses can play an important role in service provision to transgender people (i.e., people whose gender differs from that normatively expected of their assigned sex). This role can include providing initial and ongoing support related to gender identity, having a role in the assessment and referral of gender-affirming medical procedures, as well as supporting families of transgender people (McCann, 2015). Yet despite the importance of these roles, research findings continue to suggest that many transgender people have negative experiences with mental health services generally (McNeil et al., 2012; Riggs et al., 2014; Shipherd et al., 2010), with some mental health professional displaying a lack of knowledge and sensitivity. In regards to mental health nurses specifically, it is noted that little attention has been paid to transgender clients and issues (Shattell and Chin, 2014), and what attention has been paid in the literature summarised below suggests that nurses and nursing students appear to be lacking in experience and training for working with transgender clients. Drawing on an Australian study of mental health nurses' knowledge about, and attitudes towards working with, transgender clients, the present paper examines predictors of these two variables. Specifically, the survey sought to examine the relationship between training specific to working with transgender clients, clinical experience in this regard, and attitudes towards and knowledge about transgender people amongst a sample of mental health nurses. The paper concludes with recommendations about the upskilling of the mental health nurse workforce so as to better meet the needs of transgender people.

Literature Review

As noted above, little attention has been paid to transgender clients and issues in the academic literature on nursing. Evidence for this claim appears in the work of Eliason, Dibble and DeJoseph (2010), who conducted keyword searches for lesbian, gay, bisexual and transgender (LGBT) issues in the top ten nursing journals ranked by impact score between 2005 and 2009. They found that five journals "had a complete silence about LGBT issues" (Eliason et al, 2010: 212), and only 8 out of 4,941 articles mentioned LGBT issues, including just one where transgender issues were mentioned. A broader review by Merryfeather and Bruce (2014) analysed the content of 77 articles relating to transgender and transsexual issues in nursing literature between 1985 and 2011. They found that transgender issues are often invisible or erased in nursing, evident in the lack of attention to gender diversity in nursing education and textbooks, the slow implementation of policies about transgender

people and nursing, and the dearth of nursing research into transgender people's lives. Similarly, Dorsen's (2012) integrative review of 17 articles published between 1990 and 2010 which focused on nurses' attitudes towards LGBT clients found that no studies discussed transgender people. As such, despite the use of the acronym 'LGBT', research that claims to address the needs of all members of LGBT communities often ignores transgender people, instead only focusing on sexual orientation and homophobia.

A small number of studies have, however, examined attitudes and knowledge amongst nurses and nursing students attitudes in regards to to working with transgender clients. Importantly, only one previous study has specifically examined the attitudes of *mental health* nurses towards transgender people. Kench's (2015) qualitative research exploring LGBT issues with 19 mental health nurses in Australia includes a significant discussion of attitudes towards transgender people. Kench found that her participants generally spoke about their experiences with transgender people differently to the ways in which they spoke about their experiences with lesbian, gay, or bisexual people. Specifically, Kench's participants stated that they knew little about transgender people, and thus service provision could be 'awkward' and 'uncomfortable', affecting their ability to provide culturally competent and inclusive care. This lack of knowledge was considered to arise from the fact that participants infrequently (knowingly) came into contact with transgender people, and rarely provided nursing services to transgender people.

Other research with nurses and nursing students more broadly has similarly found a lack of knowledge and experience. Beagan et al. (2013) conducted semi-structured interviews with primary care nurses (n = 12) and physicians (n = 9) in Canada and found that, with the exception of two nurses who had extensive experience with transgender clients, nurses were aware of their own lack of knowledge for working with transgender clients. While nurses sought to educate themselves, some of this learning was done on the job and from clients, which may be an unfair demand upon clients. Similarly, a study in one area of the US by Levesque (2013) examined nursing professionals' knowledge, attitudes, and self-efficacy for working with transgender clients. Of the 26 nursing professionals who completed surveys, most worked in primary care or acute care. While there was a high level of overall acceptance of transgender clients, respondents reported low self-efficacy or confidence for providing care, and no respondents had been taught about transgender clients in their nursing education. Again in the US, Kline's (2014) survey of 80 nursing practitioners who worked mostly in primary

care settings found that 80% agreed with the statement "I need additional training to provide competent health care to transgender patients".

Research with nursing students indicates similar findings in regards to attitudes towards transgender people. Utilising pre- and post- measures focused on attitudes about LGBT client care, Carabez et al. (2015) report on findings from a survey of 122 students enrolled in a community nursing course in an urban US university. Participants completed a survey about comfort and knowledge in regards to working with LGBT clients before undertaking a unit and assessment piece specifically focused on working with LGBT clients, and were surveyed again after completion of the unit and assignment. The measure of knowledge suggested that participants were statistically more likely to have developed increased knowledge about issues related to gender identity than they were in regards to issues related to sexual orientation. Similarly, Strong and Folse (2015) examined the impact of an education intervention at a US university for enhancing undergraduate nursing students' knowledge of, and attitudes towards, LGBT client care. Comparison of pre- and post-measures suggested that positive attitudes towards transgender people increased more significantly than they did in regards to attitudes towards lesbians and gay men.

Methodology

Procedure

Following ethics approval from the authors' institution, participants were recruited primarily through an advertisement placed in the Australian College of Mental Health Nurses' *eNewsletter*, which appeared in February 2015. Information about the survey had also previously been circulated via the first author's existing personal networks using Facebook and email. The survey was open from July 2014 to April 2015, and administered via SurveyMonkey. All respondents gave their informed consent to complete the survey by reading an information screen and selecting 'yes' to consent to proceed.

Participants

Current Australian figures suggest that there are 19, 626 nurses who work primarily in mental health settings (AIHW, 2013). Only a relatively small proportion of this potential sample population, however, completed the survey (n=96). Current figures also suggest that approximately one third of all nurses working in mental health settings are male, as compared to only 10% of nurses in general being male. A similar gender ratio was represented in the sample, with 72% being female and 28% being male. Finally, current figures suggest that the average age of nurses who work primarily in mental health settings is 47. This was closely reflected in the average sample age of 48.31 (*SD*=11.22). None of the participants identified as transgender.

In terms of practice settings, over three quarters of the sample worked in either a medical context (42.7%) or community mental health (36.5%). The remainder of the sample worked in either private practice (9.4%), child and family services (4.2%), education (4.2%) or correctional services (3.1%).

The sample were highly educated, with over a third having a masters degree (40.6%). The remainder of the sample had either a diploma or certificate (18.7%), a bachelor degree (15.6%), or a doctorate (2.1%). Importantly, for the purposes of the survey potential participants were invited to complete the survey if they identified with the category 'mental health nurse' as their profession. In Australia, mental health nursing is not a category of registration with the relevant licensing board (the *Nursing and Midwifery Board of Australia*). Instead, registered nurses may undertake a specialist qualification in the form of a graduate diploma, after which they are recognised as a credentialed mental health nurse by the *Australian College of Mental Health Nurses*. The survey did not assess whether participants had undertaken such credentialing, and instead accepted self designation as a mental health nurse as the primary criteria for participation.

Participants came from across six of the eight Australian states or territories. Almost a third of the sample lived in New South Wales (32.3%). The remainder of the sample lived in South Australia (19.8%), Queensland (18.8%), Victoria (15.6%), Western Australia (3.1%) or the Australian Capital Territory (6.3%).

In terms of primary client population, the majority of the sample (90.6%) worked primarily with adults. The remaining participants worked either primarily with children/adolescents (3.1%) or equally with both adults and children/adolescents (6.3%).

Survey Instruments

The survey utilised an adapted version of the *Attitudes Towards Transgender Individuals Scale* (ATTIS) (Walch et al., 2012), which uses a 5-point Likert scale on 20 items. Adaptations to the scale primarily involved substituting the word 'people' for 'individuals' as the former was considered less pathologising in tone (for example, "Transgender people should not be allowed to work with children" rather than "Transgender individuals should not be allowed to work with children"). Two items were changed entirely as the wording was considered to be unclear. The item "All transgender bars should be closed down" was changed to "Transgender people should not be allowed in public spaces". The item "Transgendered individuals should not be allowed to cross dress in public" was changed to "Transgender people should not be allowed to present as their preferred gender in public".

When applied to the sample, no significant results were identified in regard to the ATTIS. It was hypothesised that this may have been a product of the fact that the ATTIS, despite the amendments made, is relatively blunt. In order to determine if any aspects of the ATTIS were useful for the present study, a factor analysis was conducted with a Varimax (orthogonal) rotation. A three-factor solution was identified, however only one of these factors explained a considerable proportion of the variance (48%). The eight items in this factor include "Transgenderism is a sin", "Transgenderism is immoral", and "Transgenderism endangers the institution of the family". This factor displayed high reliability, $a = .93$. Higher scores on the measure equate to more positive attitudes.

The second measure utilised was an adapted version of the *Counselor Attitude Toward Transgender Scale* (CATTS) (Rehbein, 2012), which uses a 10-point Likert scale on 20 items. Similar to the ATTIS, adaptations to the CATTS primarily involved substituting the word 'people' for the word 'individuals'. Two items were changed entirely because their meaning was unclear. "Offices should display both heterosexual and LGBTQ books and pamphlets" was changed to "All mental health services should provide materials that are inclusive of

transgender people". "Transgender individuals must choose to live as male or female in order to lead healthy and productive lives" was changed to "Transgender people should live as their natally assigned sex".

Similar to the ATTIS, the CATTS produced no significant results when applied to the sample. It was hypothesised that this may be because the CATTS includes both items specifically about mental health practice with transgender people, and items that are more general attitudinal questions about transgender people. A factor analysis using a Varimax (orthogonal) rotation confirmed this hypothesis. A three-factor solution was identified, with one of these factors including the five questions in the CATTS that specifically focus on mental health practice (the other two factors included a mix of items that presented no logically coherent factors). This one factor, which explained 45% of the variance, is utilised in the analysis presented below, and is referred to as 'clinical knowledge for working with transgender clients'. Example items include "Transgender clients' presenting issues always centre around or are linked to their gender expression", "All mental health professionals should receive mandatory training in working with transgender people", and "Using an incorrect pronoun when working with a transgender client is an acceptable mistake". This factor displayed high reliability, $a = .89$. Higher scores on the measure indicate higher levels of accurate clinical knowledge about transgender clients.

In addition to these measures, participants were asked a series of demographic questions, including their gender, age, degree of religiosity (not at all, somewhat, quite, very), highest level of education, primary workplace setting, and primary client population. Participants were also asked which Australian state or territory they live in, whether or not they had undertaken training in working with transgender clients, and whether they had worked previously with transgender adult clientsand/or transgender child/adolescent clients.

Analytic Approach

Data were exported from SurveyMonkey into SPSS 21.0. Data were cleaned in two specific ways. First, negatively scored items on the two scales were reversed. Second, composite scores were generated for the scales outlined above. The minimum and maximum possible score for the two measures identified from the factor analysis were attitudes (min 8, max 40) and clinical knowledge (min 5, max 50).

Results

Experience and training in working with transgender clients

Of the sample overall, 72.9% had worked with an adult transgender clientbefore, but only 11.5% had worked with a child or adolescent transgender client. In terms of differences amongst the sample in regards to working with transgender clients, those who worked in child and family services were statistically less likely to have worked with a transgender client than would be expected in an even distribution, whilst those who worked in a medical context were statistically more likely to have worked with a transgender client, $\chi^2 = 22.59$, $p < .001$.

In terms of previous training in working with transgender clients, only a quarter of the sample (19.8%) had undertaken such training. Similar to experiences in working with transgender clients, those who worked in child and family services were statistically less likely to have undertaken training in working with transgender clientsthan would be expected in an even distribution, whilst those who worked in an educational context were statistically more likely to have undertaken training, $\chi^2 = 12.25$, $p < .05$.

Attitudes towards transgender people

The average score for attitudes was 32.11 (*SD*=4.69), meaning that in general the sample had positive attitudes towards transgender people.

A one-way between groups ANOVA was conducted to determine whether attitudes towards transgender people differed between practice contexts. A statistically significant difference emerged, $F(6, 78) = 4.018$, $p<.001$. Post hoc comparisons using the Bonferroni test indicated that the mean score for participants who worked in child and family services was lower than the mean scores for all other practice contexts.

Participants who had previously undertaken training in working with transgender clients reported more positive attitudes towards transgender people (*M*=33.61, *SD*=5.98) than did participants who had not (*M*=28.30, *SD*=2.32), $t=2.904$, $p< .05$, $d = 1.17$.

There was a strong positive correlation between attitudes towards transgender people and clinical knowledge about working with transgender people, $r = .703$, $p < .001$. Participants with higher levels of clinical knowledge had more positive attitudes. There was a modest negative correlation between attitudes towards transgender people and religiosity, $r = -.330$, $p < .05$. Those who were more religious had less positive attitudes.

Clinical knowledge related to working with transgender clients

The average score for clinical knowledge was 41.11 (*SD*=9.02), meaning that in general the sample had a relatively high level of clinical knowledge.

A one-way between groups ANOVA was conducted to determine whether clinical knowledge about working with transgender clients differed between practice contexts. A statistically significant difference emerged, $F(6, 93) = 10.444$, $p<.001$. Post hoc comparisons using the Bonferroni test indicated that the mean score for participants who worked in child and family services was lower than the mean scores for all other practice contexts.

Female participants reported higher levels of clinical knowledge about working with transgender clients (*M*=44.15, *SD*=8.35) than did male participants (*M*=36.72, *SD*= 10.39), $t= 3.049$, $p < .05$, $d = 0.78$. Participants who had previously worked with transgender clients reported higher levels of clinical knowledge (*M*=43.36, *SD*=7.5) than did participants who had not (*M*=37.84, *SD*=7.40), $t=3.904$, $p< .05$, $d = 0.74$. Participants who had previously undertaken training in working with transgender clients reported higher levels of clinical knowledge (*M*=42.84, *SD*=5.71) than did participants who had not (*M*=36.36, *SD*=7.81), $t=3.2314$, $p< .01$, $d = 0.94$.

There was a strong positive correlation between age and clinical knowledge about working with transgender people, $r = .455$, $p < .001$. Participants who were older had higher levels of clinical knowledge.

Discussion

The findings reported above suggest that both training and clinical experience are related to more positive attitudes and greater clinical knowledge. In terms of other significant predictor variables, practice context

accounted for statistical differences in terms of both attitudes and clinical knowledge, religion specifically accounted for differences in terms of attitudes, and both age and gender accounted for differences in terms of clinical knowledge. These findings largely mirror previous research on mental health professionals working with transgender people (Bowers et al., 2015; Claman, 2005; Rehbein, 2012). In order to elaborate on the implications of these findings, and having first acknowledged the limitations of the research, in the conclusion to this paper we outline something of the policy and professional contexts in which Australian mental health nurses currently operate, before then suggesting some potential changes required to further upskill the mental health nurse workforce.

Limitations

Despite a concerted recruitment strategy that involved social media, emails, and correspondence with the relevant professional organisation, the research reported in this paper is based on a relatively small sample. Nonetheless, and without *per se* making claims to generalizability, the sample reported in this paper is representative of general trends within mental health nursing in Australia in terms of gender differences and age. The findings reported in this paper are potentially also limited by the reliance upon a factor analysis to identity a sub-set of items from each of the measures. Whilst this is not *per se* an unusual analytic approach, and whilst the alpha values for each identified factor were high, it will be important that future research assesses the applicability of these measures with other cohorts of mental health nurses. Finally, whilst not a limitation, it is notable that the lowest levels of clinical knowledge and least positive attitudes were amongst those who worked in child and family services. This was potentially because those who worked in this sector were the least likely to have worked with transgender clients or undertaken training in working with transgender people. Further research, potentially of a qualitative nature, is required to unpack any potential differences between the experiences that differing cohorts of mental health nurses bring to their practice with transgender people.

Conclusion

While there are a number of resources that focus on competencies for working with transgender clients amongst mental health professionals more broadly (see, for example, American Psychological Association, 2015; ALGBTIC, 2009; Australian Psychological Society, 2013), there has to date been no such resources developed

for mental health nurses or nurses in general. In lieu of this, the primary document referred to in the nursing literature is the *Standards of Care* produced by the World Professional Association for Transgender Health (2011), although this is seldom used in the nursing field by nursing practitioners (Kline, 2014) or in nursing programs (Walsh and Hendrickson, 2015). In addition to an absence of resources focused on competencies for working with transgender clients, there is also an absence of guidelines for mental health nurses working with transgender clients (Kench, 2014; Zunner and Grace, 2012), although some recent documents produced in the UK by the Royal College of Nursing do include information about transgender clients (e.g., Evans, 2015; RCNPHE, 2015). Furthermore, the Royal College of Nursing has endorsed the document 'Good practice guidelines for the assessment and treatment of adults with gender dysphoria' by the Royal College of Psychiatrists (2013), which includes several mentions of nurses. None of these documents, however, specifically target mental health nurses.

Despite this lack of resources and guidelines related to competencies specific to working with transgender people, there are nonetheless sources from which a mandate for the development of such documentation can be derived. In the Australian context, where the research reported in this paper took place, Standard 3 of the *National Practice Standard for the Mental Health Workforce* (Department of Health, 2013) states that clinicians should understand the importance of 'meeting diverse needs', which includes understanding about gender diversity. Similarly, Standard 6 of the *Standards of Practice for Australian Mental Health Nurses* (ACMHN, 2010) states that mental health nurses should work to reduce stigma and promote social inclusion. Together, these documents indicate that coverage of issues specific to transgender people is both warranted and important.

Whilst it is beyond the scope of the present paper to outline in detail the contents of potential training materials and documents specific to mental health nurses working with transgender people, the following should serve as a guide to the types of issues typically addressed in similar documents. First and foremost, other mental health professional organisations have voiced opposition to discrimination against transgender people. This includes public and private discrimination based on actual or perceived gender identity or expression, including legal discrimination and its impact upon transgender people's lives (ALGBTIC, 2009; Association of American Medical Colleges, 2014). Vocalising such opposition is thus a core agenda for mental health nurses, and in Australia would clearly meet the requirements of Standard 6 outlined above.

In terms of specific skills for working with transgender clients, existing guidelines state the importance of using the preferred language of the client, such as in relation to pronouns and name (ALGBTIC, 2009; Association of American Medical Colleges, 2014; British Psychological Society, 2012; World Professional Association for Transgender Health, 2011). In addition, professionals are advised to be sensitive to ethical issues and challenges related to providing multiple psychological services, such as both treatment and assessment (Australian Psychological Society, 2013). Developing an adequate skill set requires developing an accompanying knowledge set. At its most basic, mental health nurses must be aware that being transgender is not indicative of a mental disorder (British Psychological Society, 2012), despite the diagnosis of 'gender dysphoria' appearing in the DSM5. Professionals are advised to understand the current socio-political context (ALGBTIC, 2009) and how this informs their own attitudes about transgender issues, as well as how this context may more generally place clients at risk (British Psychological Society, 2012). It is also recommended that professionals be knowledgeable about the diversity of transgender people's identities and experiences, and avoid assumptions about their clients' decisions about medical interventions, including that they may or may not choose particular surgeries (Australian Psychological Society, 2013). Importantly, in order for changes such as these to occur, there needs to be a shift beyond that of the individual professional being responsible for acquiring additional knowledge, and towards one where the requirement for upskilling is mandated by the registering body.

Nursing education provides a clear opportunity for training in regards to working with transgender clients. In Australia, the Australian Nursing and Midwifery Accreditation Council (ANMAC) is the accreditation authority responsible for accrediting education providers and programs of study for the nursing and midwifery profession. The Nurse Practitioner Accreditation Standards were revised in 2015 after public consultations (ANMAC, 2015), yet whilst there are several mentions to 'diversity' in terms of culture, there is no mention of gender diversity or working with transgender people. There would, however, be scope to include transgender issues under, for example, 'Standard 2 – Curriculum Framework', 'Standard 3 – Program Development and Structure' and/or 'Standard 4: Program content'. In relation to mental health nurses specifically, the Australian College of Mental Health Nurses has an important role to play in ensuring the inclusion of knowledge and competency around transgender issues. Given that mental health nurses are already required to engage in continued professional development, mandating for this to include training in working with transgender clients would seem important.

In conclusion, it is important that any attempts at upskilling the mental health nurse workforce to better meet the needs of transgender clients should include consultation with transgender people themselves, so as to be sure to identify what currently works well in practice, in addition to what needs improving. Whilst an increasing body of research has been conducted on mental health professionals in general in terms of working with transgender clients and the experiences of clients themselves, the experiences of mental health nurses and the clients they work with has to date received little attention. Continued research that allows for the development of both evidence based education and practice in the field is thus very much warranted.

Key Points

1) Mental health nurses with more training are more knowledgeable about transgender issues,
2) There are potential differences across cohorts of mental health nurses that warrant closer attention in regards to the impact of these differences upon competent service provision,
3) Training is not currently mandated nor widely available to mental health nurses in regards to transgender issues,
4) Guidelines and resources should be developed that mandate the upskilling of the mental health nurse workforce in terms of engaging with transgender clients, and
5) Continued research is needed that considers the voices of both mental health nurses and transgender clients.

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